

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Appleton City
City Appleton City Mo (No. _____)

Registration District No. 76/
Primary Registration District No. 4456

File No. 38652

Registered No. _____
St. _____ Ward _____

2. FULL NAME Fredrick Leonard Hilty

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 1 mo. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hannah Hilty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25, 1878</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>2</u>	DAYS <u>15</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Lowry City</u> <u>St. Clair Co. Missouri</u>
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FATHER	13. NAME <u>Andrew Hilty</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Gallen</u> <u>Switzerland</u>

MOTHER	15. MAIDEN NAME <u>Mary Spreiter</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Gallen</u> <u>Switzerland</u>

17. INFORMANT (ADDRESS) <u>Mrs. Manna Hilty</u> <u>2000 S. Main St.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valley Center Cemetery</u> <u>10/12/37</u>
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19. UNDERTAKER (ADDRESS) <u>H. C. Austin</u> <u>Lowry City Mo</u>
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20. FILED <u>Mo 9 1937</u> <u>R. P. Kenney</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10/37 1937

22. I HEREBY CERTIFY, That I attended deceased from
Oct 10, 1937, to Oct 10, 1937, 1937
I last saw him alive on Oct 10, 1937. Death is said
to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Nephritis, chronic
Nephritis
Date of onset Sept. 1937

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Joseph B. Orrell, M. D.
(Address) Appleton City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

38652

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1. PLACE OF DEATH

(a) County St. Clair Registration District No. 761
(b) Township _____ Primary Registration District No. 4456
(c) City Appleton City (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 9 1937 R. R. Renney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

neoplasmic chronic
ischemia

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Joseph B. O'Neil, M. D.

(Address) Appleton City Mo

